

INSURANCE NOMINATION FORM

(To be filled in by employee)

I Renuka Shriram Deshpande

E.Code 46067257

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee/s	Relationship	Address Of Nominee	% of distribution
Mediclaim	Bhagyashree Deshpande	Mother	Tapdia nagar,,Akola	50.00
	Shriram Deshpande	Father	Tapdia nagar ,Akola	50.00
Personal Accident	Bhagyashree Deshpande	Mother	Tapdia nagar,,Akola	50.00
	Shriram Deshpande	Father	Tapdia nagar ,Akola	50.00
Life Cover	Bhagyashree Deshpande	Mother	Tapdia nagar,,Akola	50.00
	Shriram Deshpande	Father	Tapdia nagar ,Akola	50.00
Employee State Insurance	Shriram Deshpande	Father	Tapdia nagar,Akola	50.00
	Bhagyashree Deshpande	Mother	Tapdia nagar,Akola	50.00

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

	Witness 1	Witness 2
Name		
Signature		
Address		

Date -

Place -

Signature of employee